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ABSTRACT

Neither Freud's original theories nor modern revisions of psychoanalytic theory serve women well. Because assumptions about the inherent inferiority of women are embedded at the core of the structure of psychoanalytic theory, the theory cannot be adequately revised for women. A new theory is needed which would serve women's interests better. Certain meta-assumptions which a feminist personality theory would likely include can provide a set of criteria by which a woman-based theory of personality and personality development could be evaluated. Such a theory should: (1) have clinical usefulness; (2) encompass the diversity and complexity of women and their lives; (3) view women positively and centrally; (4) arise from women's experiences; (5) remain close to the data of experience; (6) recognize that the internal world is inextricably intertwined with the external world; (7) not confine concepts by particularistic terminology or in terms of other theories; and (8) support feminist (or at least non-sexist) modes of psychotherapy. These criteria can be used to evaluate Freudian theory, contemporary psychoanalytic theory, and the theories of many feminists. Based on these criteria, Freudian psychoanalytic theory fails to meet the prerequisites for a feminist theory of personality. The feminist viewpoints of Nancy Chodorow, Jean Baker Miller, Luise Eichenbaum, Suzy Orbach, and Miriam Greenspan can all be evaluated by these criteria. It is difficult to develop a fully formed perspective on the psychological development of women that is psychodynamically based but which does not use psychoanalytic concepts, but it can and is being done. (NB)

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FROM FREUD TO FEMINIST PERSONALITY THEORY: GETTING HERE FROM THERE

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Hannah Lerman, Ph.D.

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I have been studying Sigmund Freud's life experiences as well as the culture in which he lived in order to learn as much as I could about where his theories about women came from. You may, if you wish, read about that in my forthcoming book (Lerman, in press). That, however, is not what I propose to discuss here. I have also been trying to figure out just why Freud's particular set of theories has had and continues to have such a hold on our consciousness. I want to start with that today and progress toward formulating some guidelines and thereby suggesting a potential direction for theorizing about female personality development. I begin with the assumption that you, my audience, are reasonably familiar both with the content of Freud's theories about female psychosexual development and also with the critiques which feminist theorists have made of his position.

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You also probably know that attempts are being made within the psychoanalytic camp to remedy the grossest problems which his original theory poses. Few now accept, for example, Freud's preposterous idea that women have less fully developed Super Egos than men do. The subject is now

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generally sidestepped within psychoanalysis or ideas are pulled into psychoanalytic thinking from outside, such as those of Carol Gillian (1982) who has suggested a new way to conceptualize differences in moral development between males and females. Some psychoanalysts are extremely eager to have psychoanalysis' glaring problems with female development rehabilitated without having to deal with the fact that the problems lie at the very heart of the theory. A year and a half ago, I heard Robert Wallerstein, a prominent analyst, say at a conference that if you eliminate Freud's notion that the libido is inherently masculine, you have removed all the sexism which exists within psychoanalysis (Wallerstein, 1984). Freud's ideas about female Super Ego, though, do not have much to do directly with the concept of libido. More importantly, practically no aspect of the Oedipal theory in its application to women has been verified by psychological research (Sherman, 1971; Fisher and Greenberg, 1977). Nevertheless, these ideas continue to be used and still influence our thinking about the psychological development and psychotherapy of women.

Despite this, Freud would be hard put to recognize his theory in what is today practiced under the name of psychoanalysis. In 1922, he said definitively:

> " The assumption that there are unconscious mental processes, the recognition of the theory of resistance and repression, the appreciation of the importance of sexuality and of the Oedipus complex - these constitute the principal subject-matter of psycho-analysis and the foundations of its theory. No one who cannot accept them all <my emphasis> should count himself a psycho-analyst" (Freud, 1922/1955(d), page 247).

A hodgepodge of diverse theoretical positions sit together under the psychoanalytic umbrella today - despite the clarity of Freud's statement and Anna Freud's views on the subject as well. Jeffrey Masson has quoted Anna Freud to the effect that the very basis of psychoanalysis was in its Oedipal theory. She stated that, if it was removed from psychoanalytic theory, "the whole importance of phantasy life, conscious or unconscious phantasy" (Masson, 1984, page 113) would also be gone. In her view, little if anything about psychoanalytic theory would be left to salvage.

In the years since Freud's death, the Oedipal constellation has moved out of the mainstream of psychoanalytic theorizing. Although the broad outlines of Oedipal theory remain in place, they are less and less directly utilized in theoretical discussions. More and more, theorists are emphasizing earlier periods of development, and seemingly incidentally Oedipal concepts are being downplayed and neglected. The earlier developmental phases are increasingly being viewed as more crucial for adult psychological development. This change has been taking place apart from the consideration of female development per se but simultaneously many of the details of Oedipal theory are also being reinterpreted by those psychoanalysts who have specifically focused on women's development. Examples include the work of Moulton (1970), Grossman & Stewart (1977), Lerner (1980), Stoller (1977), Blum (1977) and Lester (1976) but there are many more as well. The reformation of Freudian thought has not been limited solely to theoretical issues, of course, nor even to Oedipal theory. The shifts have been much broader than that. Even the major elements of psychoanalytic technique have not been spared, as witness

differences proposed and utilized by Kohut (1984, pages 81-82 and footnote to page 82 for example) and his followers.

Despite Freud's definitive statement, it does not seem plausible to accept that what unites the variegated views that make up psychoanalysis today is full accord with the group of theoretical elements he enumerated. While we find that the constructs of the unconscious, repression and resistance are still generally maintained, support for the total nexus of Freud's emphasized concepts has become quite infrequent today. In addition to the down-grading of the significance of Oedipal theory which has taken place, most current versions of psychoanalysis give considerably less weight to the significance of sexuality than Freud advocated or would have accepted.

If the views of Sigmund Freud and Anna Freud are not sufficient to mold psychoanalytic theory to the form they espoused, there must be other pivotal forces which bind the now diverse theories and theoreticians together under the psychoanalytic rubric. Any search for its essence, I believe, has to concern itself more with the community and subculture which is psychoanalysis, particularly in the United States. Psychoanalysis has became enmeshed in the very fabric of our society, in part due to the active early popularization of its precepts and ideas in the United States (Hale, 1978). Social value remains, whether it is in status, consensual validation and/or financial gain or something else entirely, for some mental health practitioners to call themselves psychoanalysts and to remain a part of the psychoanalytic community however far they have deviated from the ideal theoretical stance of Freud's 1922 statement. The psychoanalytic community also benefits when it can encompass persons with widely divergent

views within the psychoanalytic camp rather than having to cope with the influence of additional deviationist movements.

I have suggested elsewhere (Lerman, 1982b, 1985) that particular social and psychological elements enter into the maintenance of the status of psychoanalysis in our society. The very extensiveness and the nature of the organizational structure of psychoanalysis is one. Psychoanalysis has always existed as a separate entity, apart from all other scientific pursuits within the social sciences and accountable to no external academic or other system of checks. This has been especially true in the United States (Hale, 1978). No other theoretical system here has ever been able to become as pervasive and prestigious using such a strategy. The very early popularization helped tremendously. In recent years, other psychotherapeutic systems such as gestalt therapy and transactional analysis, as well as psychodrama and yet others, have attempted to operate similarly - but it was too late; Psychoanalysis was too firmly entrenched in the public (and professional) mind and similar tactics could not work again in the same way for another psychological system. Having been there first has turned out to be a tremendous advantage.

The historical hold which psychoanalytic theory was thus able to impose upon our consciousness as theorists and practitioners remains a crucial factor. Because of the longevity of psychoanalysis as the reigning theory of personality and the degree to which it has permeated our culture, we are often not aware of the grip which psychoanalysis has upon our thinking. Even the least psychoanalytically oriented among us implicitly accepts certain concepts which, upon inspection, turn out to have come to us from psychoanalysis. We are little aware, for example, that the wish to

explain or describe someone's behavior dynamically is in itself largely a result of having been imbued with the metapsychology of psychoanalysis. If we believe, as I think most clinicians do, that we are not consciously aware of the motivation behind every bit of our behavior, we are also in the midst of this metapsychology. Accepting the idea of the unconscious, or at least of motivations hidden from ourselves, is just one small part of our social legacy from psychoanalysis. Not knowing the roots of our assumptions results, unwittingly, in our being caught up in psychoanalytic thought. Laura Brown (1984) stated the situation very well:

> "The art, literature, and criticism of this century assume that there is an unconscious mind, that behavior is motivated and determined by early experiences, that there is an Oedipal struggle between father and son, that women do lack the objectivity bestowed by a successful resolution of the Oedipal conflict. Having internalized psychoanalytic thought in so many and subtle ways, and having learned to value the grandiose over the accurate, many feminist therapists, indeed most literate members of Western civilization, use psychoanalytic thinking as a standard against which the quality of other theories of human behavior can be measured <Brown's emphases throughout> (Brown, 1984, page 75)."

Another factor to reckon with is the nature of psychoanalytic theory itself. No other existing personality theory purports to explain so much of human nature and human behavior. There are few if any real psychic

unknowns for a psychotherapist to grapple with on a day to day basis when sticking to the basic premises of psychoanalysis. Psychoanalysis comes very close to providing a religious faith within the structure of which, all is satisfactorily explained and put into its proper place in the universe (Rieff, 1966). Psychoanalytic theory is not simple-minded, whatever else it is. One aspect of its appeal to the public and the profession, however, lies in its appearance of simplicity. If everything in the human repertoire can be explained by one set of global and inclusive concepts, the result appears as if it were simple. A always equals B as long as C is accounted for, no matter what. What could look simpler than that!

If we accept as given that, in our society, we all maintain unexamined psychoanalytic assumptions wittingly or unwittingly, another explanation is needed to account for those practitioners who have adopted the psychoanalytic label for their own. They have accepted far more than a theoretical structure. They have become a part of a vast psychoanalytic subcultural system which includes a very particular metapsychology and philosophical value system but also a social and intellectual community and set of norms as well. Psychoanalysis, as a system, has many of the characteristics which cults have. Adams (1984) has recently categorized all theoretical orientations as cults and psycho-religions. He suggests that

> "The growth of professionalism and concerns with professional issues such as third party payment have resulted in a very casual and often hostile attitude toward science. If psychotherapy or behavior therapy or sex therapy or biofeedback are no more

> effective than placebo and our clinical predictions/diagnosis no better than chance, what happens to practitioners? If psychoanalysis is less effective than behavior therapy (or vice versa), what happens to the psychologists who have spent years practicing this approach? Research can become an emotionally and politically volatile issue to the parochial clinician who has a personal investment in a particular orientation or set of clinical techniques (page 91)."

If this is at least partially true for most psychotherapists, it is easy to see how entrenched this attitude has become within such an established theoretical orientation as psychoanalysis, particularly because a large segment of this establishment (the non-psychologists) were not originally trained to appreciate empirical research at all in the first place.

The characterization of psychoanalysis in particular as a cult is not a new one, but it usually has been inferred indirectly by others (See Thompson, 1958, Frank, 1961/1973, Rieff, 1966, and Rubins, 1974, for example). The label "cult" has especially negative connotations when attached to a purportedly scientific system, meaning as it does unverified and unverifiable belief systems which people hold on faith, something which scientists (even social scientists) are not supposed to do. But the holding of such beliefs helps individuals to feel better about themselves (Galanter, 1978; Marx, 1980; Snow, Zurcher and Ekland-Olson, 1980). Cults do represent one extreme result of organizational attempts to channel significant human needs. Is it possible to parcel out the useful part of how social movements create cohesiveness from those aspects of cultism

which we consider to be destructive?

If, as has been suggested, the cohesive core of psychoanalysis and its appeal has relatively little to do with the content of the theory or even its technique, other theories could presumably serve as an anchor for a group of practitioners, if such other theories could offer comparable comprehensiveness of scope, social cohesiveness, psychic certainty and social status.

It has become evident that theories are not accepted and promulgated solely or even primarily upon their scientific merit. We must look, therefore, for other criteria by which to accept or reject the theories now extant or those which will evolve. Very likely, social science will not become sufficiently more advanced during the near future to permit us to completely operationalize and empirically validate all of the tenets of any theory of personality. Progress toward that ideal remains useful, especially if evaluative concepts and measures of scientific thought are themselves broadened to take fuller account of the particular sociohistorical circumstances of life events (Sampson, 1978). To fill the breach, however, it behooves us to establish other criteria by which to judge and evaluate the suitability of any personality theory.

But suitability for what? The author does not believe that Freud's original theories served women well. I also do not believe that the modern revisions of psychoanalytic theory further the health and well being of the modern woman. After the initial feminist rejection of Freudian concepts in the early 1970s, there has been reacceptance of his ideas by some as having validity and applicability to women. I am not in that group for I see the theory as so fundamentally flawed in its thinking about women that it

cannot be repaired, however extensive the tinkering with it that is done. I suggest, moreover, that it is the philosophical stance which underpins the theory that cannot be rehabilitated. Assumptions about the inherent inferiority of women are embedded at the very core of the structure of psychoanalytic theory. These are not readily uprooted and are also not very amenable to patchwork repair. I remind you too that every time that anyone uses a term such as Oedipal, pre-Oedipal or pre-genital, they are implicitly accepting ideas whose validity has not been demonstrated despite years of trying. We need a theory which is likely to serve women's interests better and which would not build in such a inherent bias. Would it also be possible for us to manufacture our own consensually validating community within which to operate with such a theory?

Women are saying now that we know more about ourselves than men do. In the past, we have not spoken up with the clarity and determination with which we are now speaking. Whether some variant of Freudian theory becomes our banner or some other theoretical framework, we are demanding and taking the right to define ourselves. This process is still very new. We have not gone far, perhaps, but we have started.

I offer here, then, the beginning nucleus of a set of criteria by which a woman-based theory of personality and personality development could be evaluated. These are not the concepts of a theory per se but are, instead, meta-assumptions which a feminist personality theory would likely include, whatever form the actual theory were to take. I wish to thank my sister colleagues at the Advanced Feminist Therapy Institute Conference in Washington, D. C. in May 1983 for their feedback when I initially offered the idea of criteria (Lerman, 1983). Many of their ideas have been

incorporated into what is presented here. I am unable fully to thank all who contributed because the flow of ideas in response to my presentation was so free and open. Of the specific women whose contribution I was able to note, I should especially like to thank Laura Brown, Barbara Claster, Doris DeHardt, Sara Sharrett and Adrienne Smith. The criteria as listed are part of an unfinished and still growing statement. They could be called simple-minded in that they reflect primary assumptions but ideas such as these have not usually been honored or considered by theorists in the past. The criteria suggested here are not all at the same level of generalization but are presented together as a beginning to the process of explicating our own metapsychology.

1. Clinical Usefulness

The distinctions between theories of personality and theories of psychotherapy are necessarily blurred and indistinct. Coming as a clinician to the issue of personality development, I assert that any theory of personality development must be clinically useful - i.e., its concepts need to be readily translatable into what could and might take place with its use in a therapy session. This idea is simple but its implication is tricky because one person's view of what constitutes clinical usefulness is not necessarily the same as someone's else. In the future, we may become able to be more specific and detailed about what kinds of subcriteria this general statement might encompass and about the nature of the clinical usefulness that is being assumed. For example: for some, usefulness might lie primarily in the nature of the personality constructs postulated while for others, the key might be in the philosophical stance of the therapist in relationship to the client which a particular system promoted, and so

forth. In addition to clinical usefulness within a therapy session, we must also include awareness here about the value of what can be carried out of such sessions into women's lives.

2. Encompassing the diversity and complexity of women and their lives.

I do not see how any theory could be truly called feminist or woman - based without including provision for inclusion of the broad array of female subgroups and types of issues that comprise the female experience. Most theories which are currently available have not considered this point imperative. Even if the beginnings of any particular new theoretical system do not yet deal with all the possible permutations of women's lives, any budding theory would have to contain the conceptual room for expansion and inclusion of the issues of all of diverse womankind in order to be of true heuristic value.

3. Viewing women positively and centrally

Contrary to most previous theories, a woman-based theory would take a view of women which is positive and explicit rather than dealing with women only by indirect implication and with negative connotations. While conceptually different, in actual practice this criterion is likely to be closely associated with the one which follows. A theory of woman's development needs to originate in a positive view of women's experience and that experience must provide the central data from which the theory derives its philosophy, its attitude and its view of reality.

4. Arising from women's experience

As a feminist therapist, I am aware that our best work comes out of our experience as women with women. Only if our theory remains close to and within the world of women can it be a truly woman-based theory. The viewpoint must be female rather than male, as it has usually been. The female eye, relates psychic events to a different set of experiences and sees and/or interprets what is seen differently than the male. We must never forget, either, that the client in therapy sees differently than the therapist. Her reality has to be acknowledged rather than bypassed as many other theoretical systems do. While women's experience has been bypassed generally in the process of theory construction, the views of the woman client has even more often been given short shrift.

5. Remaining close to the data of experience.

Where women have previously entered into theory construction, our concepts have generally stayed fairly close to our experience. Therein is one of our strengths - as well as one of our weaknesses. We have not developed inclusive theories or even inclusive concepts. In part, this is a reaction against such theories as Freud's, whose concepts end up with only minimal attachment to the experience with which they began. It is also the result, however, of theoretical timidity related to our cultural (and therefore internalized) idea that women are not objective and therefore not fully capable of theorizing. Balancing between the Scylla of overgeneralization and the Charybdis of theoretical timidity, we need to arrive at that level of discourse which is most fitting to our material. The author would envision it as one which is not so distant from the

experiential data that we lose touch with it but one which is lifted enough from it that it can encompass surely useful generalizations. We will only be able to find the appropriate level of generalization through some measure of trial and error. We would expect, moreover, that the usefulness of our concepts could be also reflected empirically to some measure. For a presently existing theory to pass on this criterion, it would need not to exist in a form which ignored empirical data which was contradictory to it or not explained by it.

6. Recognizing that the internal world is inextricably intertwined with the external world.

I could not call a theory woman-based which recognized any other relationship than one of complicated interaction between internal reality and the social circumstances in which women live. We have already incorporated into feminist thinking generally the idea that the external world and the internal psychological world are intrinsically and intricately interrelated. Not new to us, this concept, nevertheless, is a significant change from most psychological theories from which psychotherapeutic systems develop. It is the psychological equivalent of the rallying cry "The personal is political". Gilbert (1980) has expanded our understanding of this concept, pointing out that it implies the need for therapists to continually monitor their actions for the ways in which their internalized value systems operate upon the externality of their clients' lives. The necessity for social changes as well as internal psychological ones by individual women to promote women's mental health and well being are also an intrinsic part of what this criterion would make us face more directly.

7. Not confining concepts by particularistic terminology or in terms of other theories

Traditional theories use what will be referred to as particularistic language - i.e, using terms like mother - as opposed to a broader view of what we might intend to convey. For example, in the case where mother is used, more appropriate terminology might convey something of what terms like caretaker and caregiver tell us. Use of such more general terms would help us to more easily consider the alternative family, network and pairing possibilities which are being used or which could be utilized by the broad spectrum of women (and men) in families (broadly defined). A feminist theory would refer to the developmental tasks and the adult helpers where this was appropriate. It would not, however, when fully evolved, use terms like maternal and childish to discuss behavior which is chronologically distant from the developmental situation. A feminist theory would recognize that adult needs, whether based in developmental issues or not, are nevertheless of a different character and require a different terminology. For example, while the importance of the mother - daughter relationship is crucial and has not been broadly recognized by many previous theorists, to derive all varieties of adult woman - woman pairing relationships totally out of that context is conceptually limiting. One of the tasks, therefore, of a feminist theory would be to delineate the psychological dynamics of adult pairing relationships, of whatever gender, separately from a paradigm based solely upon the nuclear family. It is likely, moreover, that such theorizing would enable the theory to be more encompassing in terms of our criterion 2 (Encompassing the diversity and complexity of women's lives), in that it could then more easily accommodate

to family and network groups from differing cultural contexts and not be based solely upon our society's typical (although mythical) nuclear family construction.

The language used in stating ideas is often as important as the concepts are themselves. Rather than using the short-hand strategy of taking terms from another theory (usually psychoanalysis), the implications of whatever concepts are used need to be carefully studied. Examples where such thinking has often not occurred are in the carryover of terms like pre - Oedipal and transference. As has been mentioned, more and more emphasis (both within psychoanalysis proper as well as outside) is being placed on the significance of the child - caregiver relationship for personality development. The primary qualities of these relationships are unwittingly downgraded when they are referred to as pre - Oedipal, as if they were only important in terms of what is postulated to come developmentally and not in their own rights. The significance of the Oedipal situation is thus, in addition, also implicitly accepted without any further examination of the theoretical premises involved.

The problem with the concept of transference is different. The original Freudian use of the term referred to the projection onto the therapist of sexual material generated primarily in the relationship with the parents. Few would doubt that the client can and probably does project symbolically onto the therapeutic relationship from past experiences. The process is broader than transference per se signifies and is likely to involve layers of symbolism which originate from a variety of sources within the broad psychological and environmental sphere from which the client comes. This too then requires new terminology rather than the

continued short-hand use of the term transference with its remaining implicit meaning of libidinal sexual projection.

8. Supports feminist (or at minimum non - sexist) modes of psychotherapy.

Many personality development theories do not speak directly to the nature of the psychotherapy which might evolve from their use. Frequently, however, the nature of the relationship between therapist and patient/client which fits the particular theory most easily can be inferred. Theories of psychotherapy, on the other hand, however, frequently do not have explicit theories of personality built into them (with a primary exception being psychoanalysis). It might be possible to evaluate these theories on this criterion but not on some of the others. What is significant to explore are the various aspects of the therapeutic interaction which feminists have identified as non - sexist (i.e., the therapist listening to and validating the woman's experience and having knowledge about the psychology of women) and feminist (i.e., the therapist maintaining an egalitarian rather than authoritarian expert stance toward the woman in style and in such therapy related issues as fee setting). Sometimes, extrapolation would be necessary here in order to answer the question of whether non - sexist or feminist aspects of relating were enhanced or diminished by the form and content of a particular theory.

Can criteria such as these suggested reliably differentiate between the kinds of theories which are acceptably woman-based and those which are not? I am trying to determine if they can. We have indicated earlier that many part theories exist which will be difficult to evaluate along all the

criteria mentioned. Only Freudian psychoanalysis and other psychoanalytic derivatives profess a more global scope. These are obvious choices for evaluation but other theorists, including some who have been attempting to build toward a feminist or woman-based theoretical system, can also be evaluated in terms of the criteria. So far I have limited my evaluations to theories rooted in psychoanalytic thinking and those which come to us from a feminist perspective. There are, obviously, other groups of theories such as those originating in humanistic or behavioral thinking which could also be measured on these bases.

I do not have time today to tell you all of what I have arrived at in measuring theories such as those of Horney, contemporary psychoanalytic views, Chodorow and other feminist theories against my criteria. I refer you to my book for a fuller discussion of these. I will take you through my analysis of Freudian theory and a few feminist theories in order to demonstrate the process I have been using and to illustrate some of my conclusions. Consideration of Freudian psychoanalysis here may be anticlimactic since it has been used as a model by many feminist theorists for what a woman-based theory definitely is NOT. It may be instructive, nevertheless, to measure psychoanalysis against the criteria as an aid in demonstrating their potential utility.

Freudian psychoanalysis could be considered clinically useful because so many practitioners since Freud have proclaimed it to be so. This author sees that brand of clinical usefulness coming essentially from Freudian theory providing the practitioner with an all-inclusive and therefore easy frame of reference from which to operate. Whether this is to be viewed as negative or positive depends upon whether one thinks the precepts used are

appropriate to the broad spectrum of human experiences to which they are applied. This author maintains that, despite its having been used extensively with women, psychoanalysis is not clinically useful for women because it neglects significant areas of women's lives and denigrates others. Its frame of reference is male and the uniqueness of female experience is not considered at all. In addition, it has become the prototypical antithesis of our criterion 8 (stance of the therapist in psychotherapy).

Psychoanalysis can only marginally be declared to encompass the variety of female subgroups and the complexity of women's issues. Freud did not deal significantly with such central women's issues as menstruation, childbirth or, despite his sexual focus, female orgasm (Lerman, in press). Also, as Chodorow and others have shown us, he did not even attempt to deal with the process by which mothering, a very significant endeavor, is fostered in women (Chodorow, 1978). Others (Brody, 1970, 1976) have pointed out that his clientele was the upper middle class and that his theory, necessarily, reflects that fact. He himself occasionally mentioned (Freud, 1916/1963) how his theories might apply to persons of lower class upbringing. Based on his particular clinical experience, he did, however, once comment to the effect that "proletarians and princes " (Freud, 1906/1962, page 73) do not develop neuroses. He thus presumed the world of his middle and upper-middle class clientele to be a universal one. Yet, Freudian theory purports to be universally explanatory and to be applicable, therefore, to many and diverse cultural, class and ethnic groups. Whether one considers Freud's views broad enough in terms of this criterion, then, depends upon the viewpoint with which one starts. The present author, however, is not alone

in choosing to reject the proclamations of universality which freudian psychoanalysis has made in the past and still, albeit in somewhat more muted tones, claims in the present day.

There can be relatively little dispute, however, about whether Freud's views of women are explicitly derived within his theoretical structure. They are not explicit at all when compared to the theory of male development. Almost all the concepts used for women are developed as analogues from male experience. Many wish to claim that Freud's view of women was not negative. This is difficult to support if one looks at the available evidence - his writings. Separated from the experience of women's lives in his youth as well as in his mature life, Freud built a theoretical structure which is permeated with the residue of his fears and negativity toward women. The viewing perspective toward women was definitely not female nor sympathetic to female views of the world. Case material such as in the famous case familiarly known as Dora demonstrate the distance between Freud's views and those of his female patients, along with his lack of acceptance or even consideration of their views (Freud, 1905/1953).

Freudian concepts are theoretically complex and many discussions in the theory take place at a conceptual level far removed from specific experience. Psychoanalytic theory in general has offered enormous problems and obstacles to attempts at empirical validation. Oedipal theory applied to female development in particular has received little confirmation outside the psychoanalytic consulting room. Psychoanalysis is also one of the prime proponents in our social world of the view that the internal psyche exists relatively independently of external realities. Freudian

language is also, of course, particularistic. Only mothers are assumed to be caregivers and adult behavior is described in terms which assume childhood development to be the basis for all development which could occur during the lifespan.

So, without much surprise, we conclude that Freudian psychoanalytic theory fails to meet the prerequisites for a feminist theory of personality. Without going into detail here, let me say that I have not found any more current perspective from within the psychoanalytic establishment which improves in any significant way upon the original Freudian formulations in terms of the criteria by which we are judging theoretical viewpoints. I say that after having looked at the work of the current theorists working with women's issues, and the ego psychological and the object relations theorists in general as well.

I will now discuss Nancy Chodorow's work in terms of the criteria which I have set forth. She does not come from the psychoanalytic mainstream. the origins of her work are in feminist thought although her ideas have provided the catalyst for a partial rapprochement between the two groups. Because her viewpoint has become so significant and also because it does offer us much that was new to consider, Chodorow's work merits evaluation separately from other feminist psychoanalytic work. Chodorow is not a clinician and her work has not direct connection to psychotherapeutic practice. Many women therapists, however, have found her view of mothering an avenue for useful clinical insights on separation - individuation issues in female development. Her theory does not per se offer any particular guidelines to the therapist for her therapeutic stance.

Chodorow discusses diversity and suggests that the processes she speaks of, although not the specific cultural content, are probably universal or nearly so. the crucial variables, from her perspective, are the degree of father presence or absence and the degree of social isolation of the mother and child unit. She makes the categorical statement that "...cross-culturally, the more father - absence (or absence of adult men) in the family, the more severe are conflicts about masculinity and fear of women" (Chodorow, 1978, page 213). This is an intriguing idea, if true. It is not, however, as self-evident as Chodorow seems to regard it. Pleck (1981) has studied the evidence bearing upon the use of psychodynamic theories to account for men's attitudes toward women and their self esteem and did not find relevant data.

Chodorow's theory is based upon the essentially female phenomenon of mothering around which she weaves our society's gender division of labor into public (masculine) and private (feminine) spheres. Women's experience is thereby central to her views. Prior discussions of mothering have often emphasized the mother's pathological contributions to the process without describing the pathological matrix in which mothers and children exist in our society. Chodorow moves between the internal psychological and the external social phenomena in ways which describe but do not assign blame or negate the position of women as mother in the larger process. Apart from her usage of such psychoanalytic concepts as Oedipal and Preoedipal to describe phases in development, she remains close to what individuals experience.

Chodorow points out that the view of developmental psychology is at odds with psychoanalysis over the nature of the process of identification

in boys and girls and then, without further explanation, uses only the psychoanalytic view as her jumping off point for further theorizing. It is in her acceptance of psychoanalytic theory which she views as contributing positively that she moves away from the experiential level and also from empirical evidence. She comments in a footnote that the view of psychoanalysis for her "is as an interpretative theory and not as a behavioral science" (Chodorow, 1978, page 41). I do not know all of what she means by that but she does seem to be saying that concern about empirical validation plays no part in in her acceptance of psychoanalytic theory. She also accepts the psychoanalytic case literature uncritically without any recognition that the analyst's view as written represents a level of abstraction and does not necessarily provide a veridical statement. Analysts, for example, when they write that a women has demonstrated penis - envy usually give no indications of what the observations are that they have made of that particular women's verbal and/or non-verbal behaviors which led them to that conclusion. We can therefore see ample room for the operation of individual and theoretical bias in such case material. Chodorow ignores this possibility completely.

Throughout her book, Chodorow speaks of mother when referring to care given but, at the very end, she expresses the need to be less particularistic and to separate the function from those who perform the function. This is consistent with her cultural arguments but, since this point is mentioned only in one seven line paragraph, it is quite easy to miss and for readers to make the assumption that she means to say that "mothering" is to be done by those who are biologically mothers.

Chodorow's view, since it is non clinical in immediate focus, does not

tell us anything directly about the therapy which anyone using her perspective might offer. Because she weaves psychoanalytic theory very heavily into her account and has made it fashionable for feminists to reaccept psychoanalytic thinking, it is easy to assume that she would find the techniques of psychoanalytic therapy acceptable although they do not generally accord with a feminist or even a non-sexist stance.

The other feminist theorists which I wish to discuss briefly are Jean Baker Miller, Luise Eichenbaum and Suzy Orbach and Miriam Greenspan. Jean Baker Miller (Miller, 1976) was the first to point the way. She then suggested some of the issues involved in looking at women's lives. Her work and the later work of others from the Stone Center bears the psychoanalytic label but shows awareness of and sensitivity to all of the issues raised in each of our stated criteria. Miller and her associates have devoted themselves more to specific clinical issues than to any overriding theory of personality or personality development.

Eichenbaum and Orbach (1983) call themselves psychoanalytic feminist therapists. Their theory is clearly derived most directly from their clinical work with women. In speaking of how they have been drawn back to a viewpoint which they label psychoanalytic, they say:

> "In turning to psychoanalysis, we were interested in three specific areas. We recognized the importance of Freud's discovery of the unconscious; we were trying to understand the vicissitudes of a psychic life that was a powerful determinant in the politics of everyday experience; and we wanted to understand girls' psychological development." (Eichenbaum & Orbach, 1983,

page 13)

While they accept some of the tenets of the object relations branch of psychoanalytic theory, they do not deal in Oedipal theorizing nor focus upon sexuality as the basis of all behavior. They derive female and male development from the mother - daughter relationship without emphasizing the more objectionable aspects of psychoanalytic theory or using psychoanalytic terminology without careful consideration. In a passage immediately prior to the one quoted above, they seemed to be saying that they say psychoanalysis as the only alternative to working in therapy solely with the here and now. In other words, they see psychoanalysis as the only avenue through which they could operate with a psychodynamic perspective. They continue to use the term "transference" without thinking through its implications for their work, portray the mother as conveying negative self messages to the daughter without fully incorporating the mothers' place in the general society and, like Chodorow, seem to ignore the reality of lesbian women and their lives (Zick, 1984). They have tried to eliminate most of the aspects in which psychoanalysis is non - feminist from their theoretical formulation but they have not been fully successful. Their work illustrates the problems involved in viewing behavior psychodynamically without accepting specific psychoanalytic concepts, an issues which the author (Lerman, 1982a) has discussed elsewhere.

There are also feminist theorists who are explicitly non - psychoanalytic in their orientation. The most prominent of this group is Miriam Greenspan (1983). Deriving her viewpoint also primarily from her clinical work with women, she focuses less upon theoretical constructs and personality development than the relationship between therapist and client

in therapy. Her book presents the clinical usefulness which she sees as evolving from her different view of that relationship. That is, indeed, one of her major premises. Beginning, as she does, with a feminist perspective, it is clear that her ideas arise from women's own experience and that she views women positively and centrally. Clinically focussed, her ideas remain close to the data of the experience upon which they are based. She specifically emphasizes the need to react to the diversity and complexity of women's lives. In addition, her viewpoint encompasses the view of the interaction of the external with the internal view of her women clients. Her language is not particularistic nor borrowed from another theoretical framework. Implicitly and explicitly, her view is a feminist approach to the process of psychotherapy. Greenspan's work also obviously meets all our criteria satisfactorily.

That viewpoints originating in psychoanalysis such as Eichenbaum and Orbach's and Miller's and also one which is in no way directly derived from psychoanalytic thinking such as Greenspan can come close to meeting the criteria which have been set forth is most striking, if not downright revolutionary. Despite difficulties which arise generally where psychoanalytic theory is used as the basis for a feminist theory, the level of agreement among theoretical positions which begin from radically different frameworks could be said to be amazing if we had not already many times, in the women's movement, recognized the same kinds of ideas generating spontanously from a multitude of sources.

When the ideas which have been fomenting for fifteen years are brought together, we clearly see that we already have a coherent philosophy and set of values and beliefs. A group of women therapists already exist, although

still relatively small in number, who believe in the budding system and use its tenets daily in their work with other women. We have organzed ways of nurturing each other and supporting each other in our work and also of working together on theory building.

The criteria which have been stated come from the author's interaction with other feminist therapists. Their use in the fashion presented here makes it clear that it is possible to develop coherent and useful theoretical structures. This also tells us that psychoanalytic theory need not be the only basis for our thought. It is difficult to develop a fully formed perspective on the psychological development of women that is psychodynamically based but which does not utilize psychoanalytic concepts, but it can and it is being done.

The specific symptoms of emotional illness and distress today are quite different than they were in Freud's day. The changes in symptomatology since Freud's time tell us graphically about the changes which have taken place in our society during the twentieth century. It seemed to Freud and his followers that such acts as masturbation, abortion, and other sexual practices, in and of themselves and without consideration of how society viewed them, were sufficient to cause severe mental distress. We can see now that it was not perversion of the sexual instinct which was involved when people of Freud's day developed symptoms when engaged in the then considered deviant actions, but the impact of internalized social pressures. If we wish to emulate Freud to the extent of wishing to suggest a single psychic root cause of emotional dysfunction, the most appropriate one which I have to suggest is the conflict between basic human strivings (which no one has yet fully described) and the

prohibitions imposed by a particular cultural milieu.

Chodorow and others have made it clear to us that the customs of our society are not geared toward the rearing of emotionally healthy human beings. We also receive that information from many other sources (See Carmen, Rieker and Mills, 1984, for a strong suggestion about the relationship of child sexual and physical abuse to psychiatric illness). The women's movement in general, by emphasizing the patriarchal biases in our culture, has been forcing our society to pay some, although not nearly enough, attention to the particular circumstances of women's lives. We wish fervently to work toward a theoretical framework which can actively participate in the process of increasing our understanding of and our ability to improve the quality of our own lives as women and those of our clients.

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